

## Los Angeles County Department of Public Health - August 2008

# **Preventing Perinatal Hepatitis B**



Guidelines for Pediatric Care Providers

From the Advisory Committee on Immunization Practices (ACIP) Recommendations, December 2005\*

Endorsed by the American Academy of Pediatrics (AAP)

### **HEPATITIS B PROPHYLAXIS AT BIRTH**

- Infants born to hepatitis B surface antigen (**HBsAg**) **positive** mothers should receive hepatitis B vaccine and hepatitis B immune globulin (HBIG) within 12 hours of birth.
- Infants born to mothers whose HBsAg status is unknown should receive hepatitis B vaccine within 12 hours of birth.
  - Preterm infants weighing <2,000 g (4.4 pounds) should receive HBIG and hepatitis B vaccine within 12 hours of birth.</li>
  - Term infants weighing ≥ 2,000 g should receive HBIG as soon as possible if the mother is determined to be HBsAg positive, but not more than 7 days after birth.
- Medically stable infants weighing ≥2,000 g born to **HBsAg negative** mothers should receive the first dose of hepatitis B vaccine before hospital discharge.
- Preterm infants weighing <2,000 g and born to **HBsAg negative** mothers should receive the first dose of hepatitis B vaccine 1 month after birth.
- Single-antigen hepatitis B vaccine must be used in infants <6 weeks of age.

#### AFTER THE BIRTH DOSE

- All infants should complete the hepatitis B vaccine series using either single-antigen or combination vaccine, according to the recommended vaccination schedule (see the December 2005 ACIP Recommendations, Tables 3 and 4 for details).\*
- Do not administer the last dose in the vaccine series before age 24 weeks (6 months).

## POST VACCINE SEROLOGIC TESTING (PVS)

- Test all infants of HBsAg positive mothers for both HBsAg and antibody to HBsAg (anti-HBs)
   1-2 months after vaccine series completion, but not before 9 months of age. Fax PVS results and immunization record to the Perinatal Hepatitis B Prevention Unit (213) 351-2781; telephone (213) 351-7400. Note: testing that is delayed after series completion can lead to falsely negative anti-HBs test results.
  - Revaccinate HBsAg-negative infants with anti-HBs levels <10 mIU/mL with a second threedose series and retest 1-2 months after the last dose of vaccine.
  - HBsAg positive infants should receive appropriate medical follow-up and should be reported to the Perinatal Hepatitis B Prevention Unit as a perinatal hepatitis B case.

<sup>\*</sup> www.cdc.gov/ncidod/diseases/hepatitis/b/acip.htm